

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

*18/567,885*

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<i>1</i>		<i>1</i>			
2		<i>1</i>		<i>1</i>		
3		<i>1</i>		<i>1</i>		
4		<i>1</i>		<i>1</i>		
5		<i>1</i>		<i>1</i>		
6		<i>1</i>		<i>1</i>		
7		<i>1</i>		<i>1</i>		
8		<i>1</i>		<i>1</i>		
9		<i>1</i>		<i>1</i>		
10		<i>1</i>		<i>1</i>		
11		<i>1</i>		<i>1</i>		
12		<i>1</i>		<i>1</i>		
13		<i>1</i>		<i>1</i>		
14		<i>1</i>		<i>1</i>		
15		<i>1</i>		<i>1</i>		
16		<i>1</i>		<i>1</i>		
17		<i>1</i>		<i>1</i>		
18		<i>1</i>		<i>1</i>		
19		<i>1</i>		<i>1</i>		
20		<i>1</i>		<i>1</i>		
21		<i>1</i>		<i>1</i>		
22		<i>1</i>		<i>1</i>		
23		<i>1</i>		<i>1</i>		
24		<i>1</i>		<i>1</i>		
25		<i>1</i>		<i>1</i>		
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TOTAL IND.	<i>1</i>	↓	<i>1</i>	↓		↓
TOTAL DEP.	<i>36</i>	←	<i>24</i>	←		←
TOTAL CLAIMS	<i>37</i>		<i>25</i>			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						